Fill	in this information to identify your case:				
Deb	Fred Smith, Jr.			c if this is:	
	otor 2ousse, if filing)			A supplement show 3 expenses as of t	ring postpetition chapter
	-			·	
Uni	ited States Bankruptcy Court for the: EASTERN DISTRICT OF PE	ENNSYLVANIA	N	MM / DD / YYYY	
	se number (nown) 17-16259-mdc				
_	fficial Form 106J				
	chedule J: Your Expenses AMENI				12/1
info nui	as complete and accurate as possible. If two married peopormation. If more space is needed, attach another sheet to mber (if known). Answer every question. It 1: Describe Your Household Is this a joint case?				
	 No. Go to line 2. ✓ Yes. Does Debtor 2 live in a separate household? ✓ No 				
	Yes. Debtor 2 must file Official Form 106J-2, Exp	enses for Separate House	ehold of Debto	or 2.	
2.	Do you have dependents? No				
	Do not list Debtor 1 and Debtor 2. Fill out this information each dependent	• • • • • • • • • • • • • • • • • • •		Dependent's age	Does dependent live with you?
	Do not state the dependents names.	Daughter		4	No Yes No Yes No Yes No Yes No Yes No Yes No Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?				□ Tes
Est exp app	tt2: Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unlepenses as of a date after the bankruptcy is filed. If this is a plicable date.	supplemental Schedule			
the	e value of such assistance and have included it on <i>Schedul</i> fficial Form 106I.)			Your expe	enses
4.	The rental or home ownership expenses for your resider payments and any rent for the ground or lot.	nce. Include first mortgage	e 4. \$		2,329.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		0.00
5.	 4d. Homeowner's association or condominium dues Additional mortgage payments for your residence, such a 	as home equity loans	4d. \$ 5. \$		0.00

6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Alarm System 6d. Other. Specify: Alarm System 7. Food and housekeeping supplies 8. \$ 1,028.0. 8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. \$ 50.0. 10. Personal care products and services 110. \$ 70.0. 11. Medical and dental expenses 111. \$ 15.0. 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 270.0. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 100.0. 14. Charitable contributions and religious donations 14. \$ 0.0. 15a. Life insurance Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Disability Insurance 15d. Other insurance. Specify: Disability Insurance 15d. Car payments for Vehicle 1 17a. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. \$ 0.0. 17d. Other. Specify: 17d. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Specify: 17d. Specify: 17d. Other. Specify: 17d. Specify: 17d. Specify: 17d. Other. Specify: 17d. Sp	:
6a. Electricity, heat, natural gas 6a. \$ 260.0 6b. Water, sewer, garbage collection 6b. \$ 77.7 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 352.0 6c. Other, Specify: Alarm System 6d. \$ 53.0 7. Food and housekeeping supplies 7. \$ 450.0 8. Childcare and children's education costs 8. \$ 1,028.6 9. Clothing, laundry, and dry cleaning 9. \$ 50.0 10. Personal care products and services 10. \$ 70.0 11. Medical and dental expenses 11. \$ 15.0 12. Transportation. Include gas, maintenance, bus or train fare. 20.0 15. 270.0 14. Charitable contributions and religious donations 13. \$ 100.0 15. Instrument, clubs, recreation, newspapers, magazines, and books 13. \$ 100.0 15. Instrument, clubs, recreation, particulated from your pay or inclu	
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22c. Add line 22a and 22b. The result is your monthly expenses.	80_
23 Calculate your monthly not income	80
73. Galculate voor MONUNY Net Income.	
23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 7,843.9	3.93
23b. Copy your monthly expenses from line 22c above. 23b\$ 6,554.8	
23c. Subtract your monthly expenses from your monthly income. The result is your monthly not income. 23c. \$ 1,289.1	9 13
The result is your <i>monthly net income</i> . 23c. \$ 1,289.1	
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because modification to the terms of your mortgage? Ves Explain here:	ause of a